



**SUMMARY REPORT  
MEMBER AND EMPLOYER CONTRIBUTIONS**

FOR INSTRUCTIONS ON COMPLETING THIS FORM, REFER TO THE MATERIAL ON THE SUMMARY REPORT FOUND IN THE PAYROLL REPORTING SECTION OF THE PROCEDURES MANUAL (PERS-ADM-DO-430)

SERVICE PERIOD TYPE CODES	
ITEM	CODE
MONTHLY	0
SEMI-MONTHLY-1ST HALF	1
SEMI-MONTHLY-2ND HALF	2
BI-WEEKLY-1ST PAYROLL	3
BI-WEEKLY-2ND PAYROLL	4
BI-WEEKLY-3RD PAYROLL	5
QUADRIWEEKLY-1ST PAYROLL	6
QUADRIWEEKLY-2ND PAYROLL	7

FOR CALPERS USE ONLY

COUNTY CODE

EMPLOYER CODE:	EMPLOYER NAME:	OFFICE CODE	SERVICE PERIOD		
			MONTH	YEAR	TYPE
CERTIFICATION		<input type="checkbox"/> SPECIAL PAYROLL	BEGINNING DATE		
I HEREBY CERTIFY THAT I AM THE DULY APPOINTED, QUALIFIED, AND ACTING OFFICER OF THE HEREIN NAMED EMPLOYER; AND THAT THE DATA AS SET FORTH ON THIS FORM AND THE SUPPORTING DOCUMENTS ARE TRUE AND CORRECT.			MONTH	DAY	YEAR
SIGNATURE	DATE:	<input type="checkbox"/> SUPPLEMENTAL PAYROLL REPORTING FORM ATTACHED (PERS-AESD-624)	ENDING DATE		
NAME AND TITLE (PRINT OR TYPE)	PHONE NO:		MONTH	DAY	YEAR

EMPLOYER CONTRIBUTIONS				MEMBER CONTRIBUTIONS	
1. COVERAGE GRP.	2. EMPLOYER RATE	3. MEMBER EARNINGS	4. EMPLOYER CONTRIBUTIONS		
0	0.000%	\$ 0.00	\$ 0.00	7. NORMAL:	\$ 0.00
0	0.000%	\$ 0.00	\$ 0.00	8. TAX DEFERRED:	\$ 0.00
0	0.000%	\$ 0.00	\$ 0.00	9. ADDITIONAL:	\$ 0.00
0	0.000%	\$ 0.00	\$ 0.00	10. SUB-TOTAL (7+8+9):	\$ 0.00
0	0.000%	\$ 0.00	\$ 0.00	11. SURVIVOR BENEFIT:	\$ 0.00
0	0.000%	\$ 0.00	\$ 0.00	12. TOTAL MEMBER CONTRIBUTIONS	\$ 0.00
0	0.000%	\$ 0.00	\$ 0.00		
0	0.000%	\$ 0.00	\$ 0.00		
0	0.000%	\$ 0.00	\$ 0.00		
5. TOTAL MEMBER EARNINGS:		\$ 0.00	6. TOTAL EMPLOYER CONTRIBUTIONS:		
			\$ 0.00		

13. TOTAL MEMBER AND EMPLOYER CONTRIBUTIONS: (ITEM 6 +ITEM 12) \$ 0.00

ADJUSTMENTS:	14.A SURPLUS ASSET: MISCELLANEOUS CATEGORY	\$ 0.00
	14.B SURPLUS ASSET: SAFETY CATEGORY	\$ 0.00
	ATTACH ADJUSTMENT NOTICES TO SUPPORT AMOUNT SHOWN.	
14.C ACC-344/ACC-1520	NOTE: Do not enter in this space corrections of member earnings and contributions made on Payroll Listing.	\$ 0.00
	DATE PAID	\$ 0.00
15. ADVANCE PAYMENT/EFT		

16. BALANCE DUE: (ITEM 13 PLUS OR MINUS ITEM 14A, 14B, 14C OR 15) \$ 0.00

PREPARE ONE CHECK OR WARRANT PAYABLE TO THE CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM.

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Control No. and Business Month	100% Change	Audited	Remittance Amount
			\$
			17. Date Paid
			18. Previous Document Number